PTO/SB/08A (08-03)

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Substitute for form 1449/PTO	C mplete if Known		
	Application Number	110/164595	
INFORMATION DISCLOSURE	Filing Date	01-23-2004	
	First Named Inventor	HAMRICK	
STATEMENT BY APPLICANT	Art Unit		
(Use as many sheets as necessary)	Examiner Name	,	
heet 1 of 2	Attorney Docket Number		

				DOCUMENTS	_
Examiner Initials*	Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. C mplete if Known Substitute for form 1449/PTO **Application Number** 101764595 Filing Date 01-23-2004 INFORMATION DISCLOSURE First Named Inventor HAMRICK STATEMENT BY APPLICANT Art Unit (Use as many sheets as necessary) **Examiner Name**

Attorney Docket Number

Examiner Initials*	Cite	Document Number Number-Kind Code ² (* known)	Publication Date MM-DD-YYYY	Name of Patentee or	Pages, Columns, Lines, Where	
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Examiner Initials*	Cite No. ¹	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	۲٥
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